PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

PISTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifies	correspondence includin the below or directed ba	or transmitting the ISS of the Patent, advance of the Patent, advance of the Elock 1, by (a) specifying a new or	m to geomo	armenance rees w condence address;	and/or	(b) indicating a separ	ould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDESCE ADDRESS (Note: Use block 1 for any change of address)					More: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, much have its own certificate of mailing or transmission.				
21972	7598 12/QL		Certificate of Mailing or Transmission						
LEXMARK II INTELLECTU 740 WEST NEV		Thereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class man in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPFO (571) 273-2885, on the date indicated below. (Consserts more)							
BLDG, 082-1 LEXINGTON,									
Company and Control of Control		(Dig)							
APPLICATION NO. FILING DATE			FIRST NAMEO INVENT		R ATTORNEY DOCKET #6.		RNEY DOCKET #6.	CONFIRMATION OF.	
10/612,792	07/02/2003		Adam Jude Almo				2002-6/68.01	5453	
TITLE OF INVENTION	N: PERFORATION FOR	MING MECHANISM F	or use in an imac	IING .	APPARATUS				
APPLN. TYPE	SMALL ENTERY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	i Fish	TOTAL FEE(S) OUE	DATE DUE	
nonprovisional	NO	\$1400	\$360		\$0		\$1700	93/01/2007	
ENAMPIER -		ART UNIT	ÇLAŠŠ-SUBCLASŠ						
CULLE	R, JRLL E	2854	400-621000	DO					
I. Change of correspond CFR. 1.363) Change of correspond Change of corresponders from PTO/S "Fee Address" in PTO/SB/47; Rev 03-Number is required	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
PLEASE NOTE: Up recordation as set for (A) NAME OF ASS Lexmark Inter	MONEE mational, inc.	iffed below, no assigned plotion of this form is NO	e data will appear on t OT a substitute for filin (B) RESIDENCE. (6 Lexingtoi	dhe pa g an a CITY n, K	doot - IC an assign issignment, and STATE OR C Y	TOUNT	RY)	ocument has been filed for	
Please check the approp	sciate assigned eategory or	r caregories (will not be)	printed on the patent):		Individual XI Co	orporat	ion or other private gre	up entity. 🔲 Government	
4s. The following fee(s	 (b) Payment of Pee(s). (Phase first reapply any previously paid issue fee shown above) A shock is enclosed. Payment by credit eard. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1213 (enclose an extra copy of this form). 								
🔲 a. Applicant claii	utus (from status indicate ms SMALL ENTITY stat	us, See 37 CFR 1.27.	🔲 b. Applicant is n	o long	ger claiming SMA	LL BN	TTTY status. See 37 C	FR 1.27(g)(2)	
NOTE. The Issue Fee a microst as shown by the	und Publication Fee (if rec e records of the United St	unired) will not be accep ales Patent and Tradema	ted from anyone other t rk Office	utan t				ae assignee or other party in	
Authorized Signatur	<u>, 2000, 7 (</u>	ech Y	<u> </u>		Date \$\int \frac{1}{2}	\\\\	26,2	007	
Typed or printed na	me Elizabeth	C. Jacobs			Registration ?	ko	34,189		
This collection of infor an application. Comfide submitting the complet this form and/or sugges Pox 1450. Alexandria	mation is required by 37 omitality is governed by 30 od application form to this strong for reducing this by Virginia 22313, 1480. De	CFR 1.311. The informa 5 U.S.C. 122 and 37 CF c USPTO. Time will va inden, should be sent to O NOT SEND FERS OF	tion is required to obtain R 1:14. This collection by depending upon the the Chief Information R COMPLETED FOR N	m or i is est indiv Office us Ti	etain a benefit by imated to take 12 vidual case. Any co- ir, U.S. Paient and O'THIS ADDRES	the pub ministe junmen Tradia S. SFM	the which is to file (so so to complete, includit is on the amount of to mark Office, U.S. Dep D TO: Commissioner	d by the USPTO to process in gathering, preparing, and me you require to complete arthesi of Commerce, P.O. for Puenus, P.O. Box 1450	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.